



## APPLICATION FOR LICENSURE AS AN ARMED PRIVATE INVESTIGATOR

BUSINESS AND PROFESSIONS DIVISION  
PUBLIC PROTECTION UNIT  
PRIVATE INVESTIGATOR SECTION  
PO BOX 9048  
OLYMPIA, WA 98507-9048  
(360) 664-6611  
FAX (360) 570-7888

- ☐ **New Applicant \$100.00** (In addition to \$150.00 Unarmed PI application fee)  
☐ **Transfer/Rehire \$25.00** (In addition to renewal fee, if due)

Make check payable to: **STATE TREASURER**

*Applicant should either already be licensed as an unarmed private investigator OR submit a completed unarmed private investigator application and fee with this application.*

FOR VALIDATION ONLY

001-070-299-0014

**Send this application with your remittance to:  
Department of Licensing  
Public Protection Unit  
PO Box 9048  
Olympia, WA 98507-9048**

### Applicant Information

*Please type or print clearly and sign on page 2*

Applicant's Last Name	First Name	Middle Initial	Date of Birth
Applicant's Residence Address (Street)			
City	State	Zip Code	Home Telephone No. (      )
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Security No. (per RCW 26.23.150)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Business Name		Company Lic. No.	Company Lic. Expiration Date
Business Address (Number and Street)			
City	State	Zip Code	County
Business Telephone No. (      )		Fax No. (      )	

### Certification Course

**You are required to complete an eight-hour firearms certification course provided by a certified firearms instructor. The Criminal Justice Training Commission will notify the Department of Licensing directly when you have met this requirement.**

**Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.**

	Yes	No
1. Have you ever been found guilty of divulging confidential information obtained in the course of an investigation to which you were assigned?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of making a material misstatement or omission in the application for or renewal of a license or firearms certification?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk that a person could have been harmed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been found guilty of accepting employment that was adverse to a client or former client as it related to confidential information you obtained in the course of your employment by the client?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any act involving unethical or immoral behavior?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a private investigator license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever held a private investigator license in any other state or jurisdiction? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____)	<input type="checkbox"/>	<input type="checkbox"/>

**If any conviction was dismissed, please enclose copies of the court documents.**

***sign on page 2***

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.



**Please provide one clear fingerprint card with this application.**

**Certification** - *Mandatory Signature*

I, \_\_\_\_\_, certify that the information provided in this application  
Print Applicant's Name (First, Middle, Last)  
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.165 RCW.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

**Authorization** - *Voluntary Signature*

I, \_\_\_\_\_, **voluntarily** authorize the Department of Licensing to  
Print Applicant's Name (First, Middle, Last)  
release any and all criminal history information so obtained to my employer, or to my prospective employer.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS  
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**